

CPR & First Aid Training Registration Form

Member of SCLFCCA

Name _____ Yes NO

Address _____

City _____ State _____ Zip _____

Telephone _____ Email Address _____@_____

Class fees are non refundable

CPR: Date of Class _____ Time: _____

Member fee: \$35.00 **Non-Member fee: \$45.00**

First AID: Date of Class _____ Time: _____

Member fee: \$30.00 **Non-Member fee: \$40.00**

I would like to become a member of the SCLFCCA and save on the training's I signed up for and for future training's and workshops.